

PART III: PEI WORKPLANS

Each PEI workplan is generally a combination of related prevention programs and early intervention activities that are designed to address one or more PEI Key Community Needs and PEI Priority Populations, consistent with PEI Principles, to meet specific PEI outcomes. The scope of each workplan should not be overly broad or too narrow to achieve the outcomes.

Connection of PEI Workplans with PEI Priority Populations

The nature of the PEI Priority Populations, of the recommended strategies (programs, activities, and approaches), and of the partner organizations create numerous opportunities for overlaps.

- The same individual or family can fit into more than one Priority Population. For example, a child might have been exposed to major trauma, might live in a stressed family, might be at risk of contact with the juvenile justice system, and at risk of school failure. In fact, the presence of more than one of these risk factors increases the likelihood of negative outcomes.
- Community organizations or agencies implementing PEI strategies in partnership with County Mental Health will potentially serve individuals that represent several or all of the PEI Priority Populations.

To accommodate this complexity while maintaining a consistent structure counties can choose from the following alternatives for dealing with these overlaps.

Choice 1: The county may place activities, programs, and approaches directed at multiple priority populations into one priority population workplan based on the most salient of the risk factors. When the county makes such a decision it should specify in the workplan description the various priority populations which might be included in the intervention and describe the reasons for its selection.

Choice 2: The county may combine two or more priority populations into one workplan if all the activities, programs, and approaches are relevant to those priority populations. The county should specify in the workplan description how it will verify that the individuals or families meet the various priority population categories.

In either case, as specified in the evaluation section, the county will be expected to track by workplan the nature of the problem or risk factors (corresponding to PEI Priority Populations, suicide prevention or reduction of stigma and discrimination) that its activities, programs, and approaches are designed to alleviate.

Reducing Disparities

An overarching goal of the MHSA is to reduce disparities experienced by specific ethnic and cultural groups. This goal is central to PEI planning and the implementation of workplans and strategies. Specifically, PEI workplans can contribute to this goal through three major objectives:

- Providing culturally competent and appropriate strategies (programs and interventions);
- Facilitating access to PEI programs, interventions and services; and
- Improving individual outcomes of participants in PEI programs.

Improving access to mental health services for underserved communities and reducing disparities in mental health across socioeconomic and racial/ethnic groups are key priorities of the MHSA. To address this, DMH worked with the University of California, Davis, Center for Reducing Health Disparities (CRHD) to develop a process for community outreach and engagement in underserved and isolated communities to encourage ongoing, meaningful input and participation in the planning and implementation of Prevention and Early Intervention programs. DMH is currently developing a plan to disseminate the outreach and engagement methodology and findings.

Priority Age

Counties should develop workplans and select strategies based on the requirement that PEI County Plans must reflect strategies that address all age groups and a minimum of **51 percent of their overall PEI Plan budget must be dedicated to individuals who are between the ages of 0 to 25**. Small counties are excluded from this requirement. The California Code of Regulations, Section 3200.260 defines “small county” as a county in California with a total population of less than 200,000, according to the most recent projection by the California State Department of Finance.

County Selection of Strategies

A PEI Resource Materials, available at www.dmh.ca.gov/mhsa/PreventionEarlyIntervention.asp was developed to provide examples of strategies counties may consider implementing.

Counties may wish to select alternative strategies that better fit their community context, and may do so with a sufficient rationale. Please refer to the instructions accompanying Form 3, PEI Workplan, for the information to provide in the rationale.

The PEI Resource Materials are organized in the following sections:

PEI Priority Populations:

1. Trauma-Exposed Individuals
2. Individuals Experiencing Onset of Serious Psychiatric Illness
3. Children and Youth in Stressed Families
4. Children and Youth at Risk for School Failure
5. Children and Youth at Risk of Juvenile Justice Involvement

Key PEI Community Needs:

6. Suicide Prevention
7. Reduction of Stigma and Discrimination

Each section provides programs, policies, activities and potential additional funding sources to leverage (with the exception of Reducing Stigma and Discrimination). The programs are evidence-based practices, promising practices or emerging best practices (please refer to the PEI Terms Glossary, Appendix 3, for a definition of each of these terms). The PEI Resource Materials are designed to be a dynamic resource, evolving to incorporate new information about effective PEI strategies.

Making a Difference

In this initial PEI Plan, counties are not required to implement PEI workplans or strategies countywide or address all PEI priority populations. Furthermore, counties are not required to include all example programs, policies and activities from the PEI Resource Materials in the county's workplan design. However, counties should combine sufficient programs, policies, activities and additional leveraged funding sources or resources in the county's workplan(s) to achieve desired PEI outcomes at the individual/family, program/system, and, if applicable, community levels. Refer to PART V, Accountability and Evaluation.

State-Administered Projects to Support County PEI Strategies

Five state-administered projects will complement and support county PEI strategies and programs. These projects are currently under development and the proposed expenditures will be approved by OAC before implementation.

1. Suicide Prevention: A fund of \$14 million annually for four years is established for activities such as training of trainers for program staff and partners, consultation to counties and PEI partners on successful approaches, and public education efforts. Furthermore, \$500,000 annually for two years is provided for development and dissemination of a statewide suicide prevention plan. DMH has convened a

California Suicide Prevention Plan Advisory Committee to provide recommendations for the statewide strategic plan.

2. Stigma and Discrimination Reduction: A fund of \$20 million annually for four years is established for priority activities identified through OAC's Policy Work Group, public hearings, and stakeholder processes. Please refer to the OAC policy paper, "Eliminating Stigma and Discrimination Against Persons with Mental Health Disabilities" for recommendations from the Policy Work Group:
www.dmh.ca.gov/MHSOAC/docs/StigmaAndDiscriminationReport07Jun12.pdf
3. Ethnically and Culturally Specific Programs and Interventions: A fund of \$15 million annually for four years is established to support special projects for reducing ethnic and cultural disparities based on the results of targeted stakeholder processes. These projects are in addition to, rather than instead of, counties' work to reduce disparities as identified in all county PEI plans. The target groups for these activities will initially focus on those racial, ethnic and cultural groups that demonstrate historic disparities in access to mental health services: African American, Latino, Asian/Pacific Islander, Native American, and the lesbian/gay/bisexual/transgender/and questioning (LGBTQ) communities.
4. Training, Technical Assistance and Capacity Building: A fund of \$12 million annually for four years is established to support specific PEI strategies. The emphasis is to increase capacity among PEI partners (outside the mental health system) to implement successful programs and interventions. Methods may include expanding training capacity in specific systems, learning communities, materials development and dissemination, web resources, and other program improvement approaches.
5. Statewide Evaluation: A fund of up to five to eight percent of the total county PEI planning estimates is established for statewide PEI evaluation. To the extent possible, the statewide evaluation may be paid for by the MHSA Administrative Budget.

A portion of the funding for state-administered projects has been proposed for a state-administered Student Mental Health Initiative (\$60 million total over four years). This funding will support college campuses and K-12 public schools and agencies to improve recognition and responses to students experiencing mental distress, reduce stigma and discrimination against persons with mental illness, and support resiliency and a healthy learning community. A description of the initiative is available at:
www.dmh.ca.gov/MHSOAC/docs/OversightAcctCommittee/MHSASStudentMentalHealthInitiative5_24.pdf